

## CLOSED CASE - YOUTH IN TRANSITION (YIT) FUNDING ELIGIBILITY CHECKLIST

This form is used to determine YIT eligibility. It does *not* replace FOM 950 policy. This form is *not* used for approval of specific YIT funding requests. It corresponds to the eligibility requirements in FOM 950 and must be completed, signed and added to the case record prior to authorization of any YIT funding.

Name (Last, First, M.I.):	D.O.B.:	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	City:	State:	Zip:
Telephone Number:	Case Number:		

### CLOSED CASE YOUTH

*The 1<sup>st</sup> 3 or the last 5 boxes must be checked "YES" for youth to qualify*

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is or was the youth in foster care placement under the care and supervision of Michigan DHS, another state's child welfare agency, or a Tribe?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Youth had an open foster care case after their 14 <sup>th</sup> birthday
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	YIT funded services will correspond to the youth's last ISP and/or USP and/or Child Assessment of Needs and Strengths (CANS) (DHS-146)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Youth is currently between the ages of 18-20  <b>Or</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Youth is currently between the ages of 16-17 <b>and all</b> of the following are true:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>The youth left foster care placement between 16 and 18 years of age.</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>YIT services for the youth were accessed prior to case closing.</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Prior to the return home or adoption the youth was expected to remain in a FC placement until adulthood.</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Requested YIT service will support the youth through the states of transition.</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<ul style="list-style-type: none"> <li>Requested YIT funds will be used to gain access to goods and services designed to assist the youth: 1) prepare for, achieve and maintain an independent living situation successfully; 2) prepare the youth for functional independence; or 3) ensure the youth's physical, social, economic, and psychological needs are met.</li> </ul>

### DOCUMENTATION

The following documentation and information is in the youth's case record:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Birth certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Initial court order showing date entered care
<input type="checkbox"/> Yes <input type="checkbox"/> No	Closed case court order showing closed date (if applicable)
<input type="checkbox"/> Yes <input type="checkbox"/> No	The requested services correspond to the USP/ISP/CANS _____

### FINAL DETERMINATION

This youth has been determined YIT Eligible as a Closed Case Youth: ☐ Yes   ☐ No

### SIGNATURES – (Verifies the final determination, review and completion of this form.)

Foster Care Worker - Signature	Date
Foster Care Worker – Print	Date
Foster Care Supervisor - Signature	Date
Foster Care Supervisor - Print	Date

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